

THREE RIVERS WHITEWATER, INC.
REGISTRATION FORM

PLEASE PRINT CLEARLY:

PREVIOUS GUEST: Y___N___

Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Number: () _____ - _____ Work Number: () _____ - _____

E-Mail Address: _____

Would you like to receive information on snowmobiling and winter activities? Y___ N___

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Number: () _____ - _____ Work Number: () _____ - _____

PHYSICIAN: Name: _____ Number: _____

PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS, OR SPECIAL NEEDS:

MEAL CHOICE:

Chicken: _____ Steak: _____ Salmon Steak: _____ Garden Burger: _____